



Retiree Health Dependent Change Form

Division of Retirement and Benefits

P.O. Box 110203

Juneau, Alaska 99811-0203

Phone: Juneau—(907) 465-4460

FAX: (907) 465-4668 or TDD: (907) 465-2805

FOR R&B USE ONLY

Retirement Date Date Entered

PLEASE TYPE OR PRINT CLEARLY

PERSONAL DATA

Retiree Name (Last, First, MI)

Social Security Number

Contact Telephone Number

DEPENDENT ADDITIONS (attach additional forms if necessary)

Dependent (Last, First, MI)

Social Security Number

Date of Birth

Relationship ☐ Husband ☐ Wife ☐ Daughter ☐ Step-Daughter ☐ Son ☐ Step-Son ☐ Other (specify) _____

☐ Male ☐ Female Full-time Student ☐ No ☐ Yes I am adding this dependent because of the following event:
☐ Marriage ☐ Birth or Adoption ☐ Other (explain) _____ Date of the event _____

Is this dependent covered by another health plan? ☐ No ☐ Yes. Name of Carrier _____

Dependent (Last, First, MI)

Social Security Number

Date of Birth

Relationship ☐ Husband ☐ Wife ☐ Daughter ☐ Step-Daughter ☐ Son ☐ Step-Son ☐ Other (specify) _____

☐ Male ☐ Female Full-time Student ☐ No ☐ Yes I am adding this dependent because of the following event:
☐ Marriage ☐ Birth or Adoption ☐ Other (explain) _____ Date of the event _____

Is this dependent covered by another health plan? ☐ No ☐ Yes. Name of Carrier _____

DEPENDENT DELETIONS

Dependent (Last, First, MI)

Social Security Number

Date of Birth

Relationship ☐ Spouse ☐ Ex-spouse ☐ Daughter ☐ Step-Daughter ☐ Son ☐ Step-Son ☐ Other (specify) _____

☐ Male ☐ Female I am deleting this dependent because of the following event:
☐ Divorce ☐ Death ☐ Child no longer dependent ☐ Other (explain) _____ Date of the event _____

Mailing Address (City, State, ZIP+4)—if different from retiree's

Dependent (Last, First, MI)

Social Security Number

Date of Birth

Relationship ☐ Spouse ☐ Ex-spouse ☐ Daughter ☐ Step-Daughter ☐ Son ☐ Step-Son ☐ Other (specify) _____

☐ Male ☐ Female I am deleting this dependent because of the following event:
☐ Divorce ☐ Death ☐ Child no longer dependent ☐ Other (explain) _____ Date of the event _____

Mailing Address (City, State, ZIP+4)—if different from retiree's

CERTIFICATION AND SIGNATURE

I certify that the above information is true and correct to the best of my knowledge. I understand that making false statements for the purpose of obtaining benefits is an offense punishable by law.

Retiree Signature

Date

RETIREE HEALTH DEPENDENT CHANGE FORM

You must use a "Retiree Health Dependent Change Form" to list dependents to be added or deleted due to marriage, divorce, birth, or adoption. Please complete this form and return it to the Division of Retirement and Benefits. Failure to complete these forms when required may delay payment of claims for your dependents. This form does not change any dental-vision-audio (DVA) or long-term care (LTC) coverage you have. To change those benefits, to add or delete dependent coverage, you must complete a Health Benefit Enrollment/Waiver form. Increases in coverage are made only if your request is received in our office within 120 days of the marriage or birth/adoption of your first child.

DEPENDENTS WHO ARE COVERED

The following dependents may be covered:

- Your spouse. You may be legally separated but not divorced.
- Your children from birth (exclusive of hospital nursery charges at birth and newborn care) up to 23 years of age *only* if they are:
 - Your natural children, stepchildren, foster children placed through a State foster child program, legally adopted children, children in your physical custody and for whom bona fide adoption proceedings are underway, or children for whom you are legal, court-appointed guardian (if child is not your natural born child, please include a copy of the adoption paper work or court orders);
 - unmarried and chiefly dependent upon you for support; **AND**
 - living with you in a normal parent-child relationship.

This provision is waived for natural/adopted children of the benefit recipient who are living with a divorced spouse, assuming all other criteria is met. Only stepchildren living with the retiree 50% or more of the time are covered under this plan.

Children incapable of employment because of a mental or physical incapacity are covered even if they are past age 23. However, the incapacity must have existed before age 23 and the children must continue to rely chiefly on you for support. You must furnish the claims administrator evidence of the incapacity, proof that the incapacity existed before age 23 and proof of financial dependency. Children are covered as long as the incapacity exists and they meet the definition of children, except for age. Periodic proof of the continued incapacity may be required.

WHEN COVERAGE BEGINS

Eligible dependents are covered on the dates specified below unless they are confined in a hospital or similar institution on that date (excluding newborn children). In that case, coverage is delayed until they are released.

If you elect or are provided with coverage for dependents, your dependents are eligible for benefits on the same day you are eligible if they meet all eligible requirements. If you add new dependents, they will be covered under this plan immediately.

If you elect dependent coverage during an open enrollment period, your dependents are covered on January 1, assuming you pay the required premium.

If you increase your coverage to include dependents during an open enrollment or following marriage or birth of a child, their coverage begins on the first of the month following receipt of this form.

WHEN COVERAGE ENDS

If you are provided with or have elected coverage for your dependents, their coverage ends on the same day as your coverage ends, unless:

- you divorce. Coverage for your spouse ends on the date the divorce is final.
- your child no longer meets all eligibility requirements. Coverage ends at the end of the month in which your child first fails to meet these requirements.
- coverage is discontinued for all dependents.

There are several options available for continuing health coverage if one of the above situations occurs. Options are described in the "How to Continue Health Coverage" section of your Retiree Group Insurance Information Booklet or on our web site.